

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 54	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY		
	Mr Raynaldo T NICKNAME LAST SUFFIX				
Ray Lopez		Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		Date Hand-delivered or Date Postmarked		
	7015 Quiet Ridge Walk San Antonio, TX 78250		Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		Date Processed		
(210) 691-7318		Date Imaged			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI				
	Mr Andrew NICKNAME LAST SUFFIX				
Andy Greene					
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
5642 Timber Steep San Antonio, TX 78250					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
(210) 520-9412					
9 REPORT TYPE	30th Day Before Main Election				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year				
1/1/2005 3/28/2005					
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
5/7/2005					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
		Council District 6			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Mr Andrew J Greene				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
5642 Timber Steep San Antonio, TX 78250					

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Mr Raynaldo T Lopez

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$14115.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$0

4. TOTAL POLITICAL EXPENDITURES

\$26558.30

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$3488.88

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Raynaldo T Lopez, this the 7th day
of April, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath_____
Printed name of officer administering oath_____
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
1 of 12

2 FILER NAME

Mr Raynaldo T Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/29/2005

5 Full name of contributor

Mr Jose Cueva

☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)
250.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

138 Jade St.
San Antonio, TX 78209

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

1/29/2005

Full name of contributor

Mr Jorge Trevino

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2018 Marlinton Way
San Antonio, TX 78230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/29/2005

Full name of contributor

Mr Andrew Pratt

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

401 W. Commerce, Apt/Suite: 327
San Antonio, TX 78207

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/15/2005

Full name of contributor

Mr Joe Ward

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

157 E. Arrowhead
San Antonio, TX 78228

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/2005

Full name of contributor

Mrs MLissa M Chumbley

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

6718 Forest Haven
San Antonio, TX 78240

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
2 of 12

2 FILER NAME

Mr Raynaldo T Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/16/2005

5 Full name of contributor

Mr Brad Ward

☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)
25.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

15830 Rothbury Lane
San Antonio, TX 78232

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/16/2005

Full name of contributor

Mr Robert Trevino

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
350.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

13031 Hunters Ridge
San Antonio, TX 78230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/2005

Full name of contributor

Mr Richard Trevino

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

3907 Creek Rock
San Antonio, TX 78230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/2005

Full name of contributor

Mr John Page

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
50.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

10624 Parrigin
Helotes, TX 78023

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/19/2005

Full name of contributor

Ms Louise Actkinson

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

9522 Burwick
San Antonio, TX 78230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
3 of 12

2 FILER NAME

Mr Raynaldo T Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/28/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Brian Weiner

6 Contributor address; City; State; Zip Code

PO Box 7608
San Antonio, TX 78207

7 Amount of
contribution (\$)
250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/28/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Phillip Bagnall

Contributor address; City; State; Zip Code

216 Lamont Ave.
San Antonio, TX 78209

Amount of
contribution (\$)
150.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/15/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Steven Waters

Contributor address; City; State; Zip Code

311 E. Mandalay Dr.
San Antonio, TX 78212

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/4/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ms Brenda V Johnson

Contributor address; City; State; Zip Code

13055 N. Hunter Circle
San Antonio, TX 78230

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/3/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Eugene H Dawson Jr.

Contributor address; City; State; Zip Code

208 N. Tower
San Antonio, TX 78256

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
4 of 12

2 FILER NAME

Mr Raynaldo T Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/1/2005

5 Full name of contributor

Mr Louis Rowe

☐ out-of-state PAC (ID# _____)

7 Amount of
contribution (\$)
100.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

8 Caleb Circle
San Antonio, TX 78258

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/2/2005

Full name of contributor

Mr Jeffry R Sailer

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
150.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2223 Encino Loop
San Antonio, TX 78259

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/2005

Full name of contributor

Mr Sammy Leach

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1130 Santa Clara Loop
San Antonio, TX 78124

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/28/2005

Full name of contributor

Ms Sofia Martinez

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

614 W. Lullwood
San Antonio, TX 78212

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/2005

Full name of contributor

Mr Royce Renfro

☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

13307 Southwalk
San Antonio, TX 78232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
5 of 12

2 FILER NAME

Mr Raynaldo T Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/25/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr William Salomon

6 Contributor address; City; State; Zip Code

2 Inwood Knoll
San Antonio, TX 78248

7 Amount of
contribution (\$)
150.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/21/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr J. Cary Barton

Contributor address; City; State; Zip Code

700 N. St. Marys Street
San Antonio, TX 89205

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Greg Kolwalski

Contributor address; City; State; Zip Code

PO Box 1361
San Antonio, TX 78295

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Dawson Bremer

Contributor address; City; State; Zip Code

118 Rosemary
San Antonio, TX 78209

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Phil Crane

Contributor address; City; State; Zip Code

519 St. Xavier
San Antonio, TX 78232

Amount of
contribution (\$)
250.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
6 of 12

2 FILER NAME

Mr Raynaldo T Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/23/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Ms Deborah Bauer

6 Contributor address; City; State; Zip Code

2 Champions Mark
San Antonio, TX 78258

7 Amount of
contribution (\$)
250.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/17/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Kenneth P Wolf

Contributor address; City; State; Zip Code

17118 Spotted Eagle
San Antonio, TX 78248

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Norman Dugas

Contributor address; City; State; Zip Code

14502 Brook Hollow
San Antonio, TX 78232

Amount of
contribution (\$)
450.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr William T Kaufman

Contributor address; City; State; Zip Code

100 W. Houston, Apt/Suite: 1250
San Antonio, TX 78205

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Sam Barshop

Contributor address; City; State; Zip Code

900 Isom Rd., Apt/Suite: 300
San Antonio, TX 78216

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
7 of 12

2 FILER NAME

Mr Raynaldo T Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/22/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Lewis Westerman

7 Amount of
contribution (\$)
500.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

900 Isola Rd, Apt/Suite: 300
San Antonio, TX 78216

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/19/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mrs Margaret M Baker 3 D/I PAC

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1900 West Loop South, Apt/Suite: 600
Houston, TX 77027

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Walter Embrey

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1100 N. E. Loop 410, Apt/Suite: 900
San Antonio, TX 78209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Richard Meneses

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

30020 Cantor Circle
Fair Oaks Ranch, TX 78015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Richard Trevino

Amount of
contribution (\$)
120.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

3907 Creek Rock
San Antonio, TX 78230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
8 of 12

2 FILER NAME

Mr Raynaldo T Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/16/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Ricardo Trevino

6 Contributor address; City; State; Zip Code

258 W. Petaluma
San Antonio, TX 78221

7 Amount of
contribution (\$)
100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/16/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Reynaldo C Lopez Jr.

Contributor address; City; State; Zip Code

5959 Charlyne Way
San Antonio, TX 78250

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Christopher C Lopez Sr.

Contributor address; City; State; Zip Code

6699 N. Shanefield Dr.
San Antonio, TX 78251

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Lonnie Johnson

Contributor address; City; State; Zip Code

528 Polar Bear Dr.
San Antonio, TX 78238

Amount of
contribution (\$)
200.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Angelo Lopez

Contributor address; City; State; Zip Code

7015 Quiet Ridge
San Antonio, TX 78250

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: 9 of 12	
2 FILER NAME Mr Raynaldo T Lopez				3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/12/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr J. P Zachry 6 Contributor address; City; State; Zip Code 500 Tower Life Building San Antonio, TX 78205			7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 3/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr H. B Zachry Jr. Contributor address; City; State; Zip Code 310 S. St. Marys Street, Apt/Suite: 2400 San Antonio, TX 78205			Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3/4/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr John B Zachry Contributor address; City; State; Zip Code PO Box 240130 San Antonio, TX 78224			Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms Victoria J Waddy Contributor address; City; State; Zip Code 2039 Oak Vista San Antonio, TX 78232			Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3/3/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Louis H Stumberg Contributor address; City; State; Zip Code 310 S. St. Marys Street, Apt/Suite: 701 San Antonio, TX 78205			Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

10 of 12

2 FILER NAME

Mr Raynaldo T Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/4/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Murray L Johnston Jr.

6 Contributor address; City; State; Zip Code

306 Kennedy Ave.
San Antonio, TX 78209

7 Amount of
contribution (\$)
100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/3/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Edward M Guerra

Contributor address; City; State; Zip Code

3918 Heights View Dr.
San Antonio, TX 78230

Amount of
contribution (\$)
50.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Daniel Molina

Contributor address; City; State; Zip Code

4506 Tammaron Park
San Antonio, TX 78253

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Ms Bonnie R Ellison

Contributor address; City; State; Zip Code

8922 Thatch
San Antonio, TX 78240

Amount of
contribution (\$)
20.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Robert J Crittenden

Contributor address; City; State; Zip Code

614 Birdsong South
San Antonio, TX 78216

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

11 of 12

2 FILER NAME

Mr Raynaldo T Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/15/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Henry R Munoz III

6 Contributor address; City; State; Zip Code

700 GPM North Tower
San Antonio, TX 78216

7 Amount of
contribution (\$)

500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/15/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Michael Bueche

Contributor address; City; State; Zip Code

1022 Oblate Drive
San Antonio, TX 78216

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr David S Zachry

Contributor address; City; State; Zip Code

PO Box 240130
San Antonio, TX 78224

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

The Place Real Commercial Real Estate

Contributor address; City; State; Zip Code

12050 Vance Jackson, Apt/Suite: 102
San Antonio, TX 78230

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/8/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr William Worth

Contributor address; City; State; Zip Code

16867 Mossford
San Antonio, TX 78255

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
12 of 12

2 FILER NAME

Mr Raynaldo T Lopez

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/18/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Jim Jones San Antonio Police Officers Assn.

6 Contributor address; City; State; Zip Code

1939 N. E. Loop 410, Apt/Suite: 300
San Antonio, TX 78217

7 Amount of
contribution (\$)
500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/15/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Tim Lim

Contributor address; City; State; Zip Code

12807 Park Forest
San Antonio, TX 78230

Amount of
contribution (\$)
500.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:_____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Mr Raynaldo T Lopez

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$Unitemized

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#:_____)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☐ not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:_____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 27

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

1/1/2005

5 Payee name

Ms Diana J Arevalo

6 Payee address; City; State; Zip Code242 Leming
San Antonio, TX 78201**7**Amount
(\$)**2000.00****8** Purpose of payment (See instructions regarding type of information required.)

Campaign Management

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/3/2005

Payee name

Allied Advertising

Payee address; City; State; Zip Code

3700 Blanco Road
San Antonio, TX 78212Amount
(\$)**300.00**

Purpose of payment (See instructions regarding type of information required.)

Campaign signs.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/15/2005

Payee name

Bobs Printing

Payee address; City; State; Zip Code

1626 Fredericksburg Rd
San Antonio, TX 78201Amount
(\$)**197.18**

Purpose of payment (See instructions regarding type of information required.)

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/15/2005

Payee name

Allied Advertising

Payee address; City; State; Zip Code

3700 Blanco Road
San Antonio, TX 78212Amount
(\$)**600.00**

Purpose of payment (See instructions regarding type of information required.)

Campaign signs.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 27

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

1/15/2005

5 Payee name

Allied Advertising

6 Payee address; City; State; Zip Code3700 Blanco Road
San Antonio, TX 78212**7** Amount

(\$1817.14)

8 Purpose of payment (See instructions regarding type of information required.)

Campaign signs.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/20/2005

Payee name

Easy Drive

Payee address; City; State; Zip Code

906 Ruiz Street
San Antonio, TX 78207

Amount

(\$129.25)

Purpose of payment (See instructions regarding type of information required.)

Sign hardware and supplies

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/21/2005

Payee name

Mr Kieth Wells

Payee address; City; State; Zip Code

6542 Forest Village
San Antonio, TX 78250

Amount

(\$250.00)

Purpose of payment (See instructions regarding type of information required.)

Sign distribution

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

1/26/2005

Payee name

Ms Diana J Arevalo

Payee address; City; State; Zip Code

242 Leming
San Antonio, TX 78201

Amount

(\$73.22)

Purpose of payment (See instructions regarding type of information required.)

Block walk reimbursement

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <div style="text-align: center;">3 of 27</div>
2 FILER NAME Mr Raynaldo T Lopez		3 ACCOUNT # (Ethics Commission filers)

4 Date 1/27/2005	5 Payee name Gateway Plaza <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 7151 US Hwy 90 West San Antonio, TX 78227	7 Amount (\$) 500.00
8 Purpose of payment (See instructions regarding type of information required.) Lease payment		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 1/28/2005	Payee name New Reach Media <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code PO Box 782448 San Antonio, TX 78278	Amount (\$) 2993.30
Purpose of payment (See instructions regarding type of information required.) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 1/28/2005	Payee name SBC <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code PO Box 650487 Dallas, TX 75265	Amount (\$) 74.45
Purpose of payment (See instructions regarding type of information required.) Telephone Service		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 1/29/2005	Payee name Home Depot <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code 611 SW Loop 410 San Antonio, TX 78227	Amount (\$) 31.99
Purpose of payment (See instructions regarding type of information required.) Campaign supplies.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 27

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date	5 Payee name	7 Amount
2/1/2005	Ms Diana J Arevalo	(\$2000.00)
	6 Payee address; City; State; Zip Code	
	242 Leming San Antonio, TX 78201	

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH **
Campaign Management	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount
2/2/2005	Wal Mart	(\$96.95)
	Payee address; City; State; Zip Code	
	3936 Loop 410 West San Antonio, TX 78227	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
Campaign supplies.	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount
2/3/2005	US Postal Service	(\$77.07)
	Payee address; City; State; Zip Code	
	500 Huebner San Antonio, TX 78238	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
Postage	Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount
2/5/2005	Ms Diana J Arevalo	(\$386.00)
	Payee address; City; State; Zip Code	
	242 Leming San Antonio, TX 78201-	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH **
Block walk reimbursement	Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5 of 27

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

2/4/2005

5 Payee name

City of San Antonio

6 Payee address; City; State; Zip Code1901 S. Alamo
San Antonio, TX 78204**7**Amount
(\$)**43.18****8** Purpose of payment (See instructions regarding type of information required.)

Electric Deposit

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/5/2005

Payee name

Wal Mart

Payee address; City; State; Zip Code

5900 Marbach Rd
San Antonio, TX 78227Amount
(\$)**16.15**

Purpose of payment (See instructions regarding type of information required.)

Campaign supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/5/2005

Payee name

HEB

Payee address; City; State; Zip Code

9255 Grissom
San Antonio, TX 78250Amount
(\$)**17.00**

Purpose of payment (See instructions regarding type of information required.)

Campaign supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/7/2005

Payee name

City of San Antonio

Payee address; City; State; Zip Code

1901 S. Alamo
San Antonio, TX 78204-Amount
(\$)**171.60**

Purpose of payment (See instructions regarding type of information required.)

Electric Deposit.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6 of 27

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

2/7/2005

5 Payee name

Mr Kieth Wells

7 Amount(\$)**21.18****6** Payee address; City; State; Zip Code6542 Forest Village
San Antonio, TX 78250**8** Purpose of payment (See instructions regarding type of information required.)

Sign distribution

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/8/2005

Payee name

US Postal Service

Amount

(\$)**111.00**

Payee address; City; State; Zip Code

500 Huebner
San Antonio, TX 78238

Purpose of payment (See instructions regarding type of information required.)

Postage

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

2/8/2005

Payee name

ACE Hardware

Amount

(\$)**6.78**

Payee address; City; State; Zip Code

5900 Grissom
San Antonio, TX 78250

Purpose of payment (See instructions regarding type of information required.)

Campaign supplies.

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

2/12/2005

Payee name

Starz Web Designs

Amount

(\$)**109.69**

Payee address; City; State; Zip Code

9139 Ridge Mill
San Antonio, TX 78250

Purpose of payment (See instructions regarding type of information required.)

Web Design

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7 of 27

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

2/12/2005

5 Payee name

Ms Diana J Arevalo

6 Payee address; City; State; Zip Code242 Leming
San Antonio, TX 78201**7** Amount(\$)**37.95****8** Purpose of payment (See instructions regarding type of information required.)

Block walk reimbursement

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/12/2005

Payee name

Ms Diana J Arevalo

Payee address; City; State; Zip Code

242 Leming
San Antonio, TX 78201

Amount

(\$)**152.00**

Purpose of payment (See instructions regarding type of information required.)

Block walk reimbursement

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/13/2005

Payee name

Dollar General Store

Payee address; City; State; Zip Code

7171 US Hwy 90 West, Apt/Suite: 119
San Antonio, TX 78227

Amount

(\$)**28.55**

Purpose of payment (See instructions regarding type of information required.)

Campaign supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/14/2005

Payee name

US Postal Service

Payee address; City; State; Zip Code

500 Huebner
San Antonio, TX 78238

Amount

(\$)**254.00**

Purpose of payment (See instructions regarding type of information required.)

Postage

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8 of 27

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

2/14/2005

5 Payee name

HEB

6 Payee address; City; State; Zip Code9255 Grissom
San Antonio, TX 78250**7**Amount
(\$)**16.15****8** Purpose of payment (See instructions regarding type of information required.)

Valentines Day Gift for Senior Citizens event.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/14/2005

Payee name

Hoy Family Special Events Donation

Payee address; City; State; Zip Code

155 Camino Santa Maria
San Antonio, TX 78219Amount
(\$)**100.00**

Purpose of payment (See instructions regarding type of information required.)

Holy Family Special Events Donation

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/14/2005

Payee name

City of San Antonio

Payee address; City; State; Zip Code

1901 S. Alamo
San Antonio, TX 78204Amount
(\$)**100.00**

Purpose of payment (See instructions regarding type of information required.)

Electric Fee

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/19/2005

Payee name

Mr Matt Glazer

Payee address; City; State; Zip Code

800 Basse Road
San Antonio, TX 78212Amount
(\$)**188.25**

Purpose of payment (See instructions regarding type of information required.)

Field coordinator.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

9 of 27

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

2/19/2005

5 Payee name

Ms Brenda Nemeth

7 Amount

(\$185.50)

6 Payee address; City; State; Zip Code7220 Marbach, Apt/Suite: 1004
San Antonio, TX 78227**8** Purpose of payment (See instructions regarding type of information required.)

Office support.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/20/2005

Payee name

Mr Rene Gonzales

Amount

(\$48.40)

Payee address; City; State; Zip Code

527 Westmoreland
San Antonio, TX 78213

Purpose of payment (See instructions regarding type of information required.)

Field work.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/21/2005

Payee name

U-Haul Rental

Amount

(\$24.78)

Payee address; City; State; Zip Code

5420 Grissom Rd.
San Antonio, TX 78238

Purpose of payment (See instructions regarding type of information required.)

Rally Trailer hitch maintenance.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/21/2005

Payee name

Wal Mart

Amount

(\$51.05)

Payee address; City; State; Zip Code

5900 Marbach
San Antonio, TX 78227

Purpose of payment (See instructions regarding type of information required.)

Campaign supplies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

10 of 27

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

2/22/2005

5 Payee name

HEB

6 Payee address; City; State; Zip Code9255 Grissom
San Antonio, TX 78250**7**Amount
(\$)**174.15****8** Purpose of payment (See instructions regarding type of information required.)

Office reception supplies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/22/2005

Payee name

Home Depot

Payee address; City; State; Zip Code

611 S. W. Loop 410
San Antonio, TX 78435Amount
(\$)**11.82**

Purpose of payment (See instructions regarding type of information required.)

Office supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/23/2005

Payee name

Home Depot

Payee address; City; State; Zip Code

611 S. W. Loop 410
San Antonio, TX 78435Amount
(\$)**21.53**

Purpose of payment (See instructions regarding type of information required.)

Office supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/24/2005

Payee name

Ms Diana J Arevalo

Payee address; City; State; Zip Code

242 Leming
San Antonio, TX 78201Amount
(\$)**2000.00**

Purpose of payment (See instructions regarding type of information required.)

Campaign Management

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

11 of 27

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

2/24/2005

5 Payee name

HEB

6 Payee address; City; State; Zip Code9255 Grissom
San Antonio, TX 78250**7** Amount(\$)**40.00****8** Purpose of payment (See instructions regarding type of information required.)

Campaign supplies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/27/2005

Payee name

Office Depot

Payee address; City; State; Zip Code

3713 Colony Drive
San Antonio, TX 78230

Amount

(\$)**32.69**

Purpose of payment (See instructions regarding type of information required.)

Office Supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/27/2005

Payee name

Mr Rene Gonzales

Payee address; City; State; Zip Code

527 Westmoreland
San Antonio, TX 78213

Amount

(\$)**46.00**

Purpose of payment (See instructions regarding type of information required.)

Field work.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/27/2005

Payee name

Mr Matt Glazer

Payee address; City; State; Zip Code

800 Basse, Apt/Suite: 115
San Antonio, TX 78212

Amount

(\$)**135.00**

Purpose of payment (See instructions regarding type of information required.)

Field coordinator.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

12 of 27

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

2/27/2005

5 Payee name

Mr Brad Basing

7 Amount

(\$110.46)

6 Payee address; City; State; Zip Code1 Trinity Place, Apt/Suite: 676
San Antonio, TX 78212**8** Purpose of payment (See instructions regarding type of information required.)

Field work.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/27/2005

Payee name

Ms Brenda Nemeth

Amount

(\$122.00)

Payee address; City; State; Zip Code

7220 Marbach Road, Apt/Suite: 1004
San Antonio, TX 78227

Purpose of payment (See instructions regarding type of information required.)

Office support.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/27/2005

Payee name

Mr Alex Arevalo

Amount

(\$50.00)

Payee address; City; State; Zip Code

242 Leming
San Antonio, TX 78201

Purpose of payment (See instructions regarding type of information required.)

Field work.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/27/2005

Payee name

Gateway Plaza

Amount

(\$500.00)

Payee address; City; State; Zip Code

7151 US Hwy 90 West
San Antonio, TX 78227

Purpose of payment (See instructions regarding type of information required.)

Lease payment.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

2/27/2005

5 Payee name

Starz Web Design

6 Payee address; City; State; Zip Code9139 Ridge Mill
San Antonio, TX 78250**7**Amount
(\$)**43.10****8** Purpose of payment (See instructions regarding type of information required.)

Website work.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/5/2005

Payee name

Papa John Pizza

Payee address; City; State; Zip Code

7122 Marbach Road
San Antonio, TX 78227Amount
(\$)**25.00**

Purpose of payment (See instructions regarding type of information required.)

Food for staff meeting.

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

3/5/2005

Payee name

Ms Laura Ewen

Payee address; City; State; Zip Code

1 Trinity Place, Apt/Suite: 1128
San Antonio, TX 78212Amount
(\$)**24.00**

Purpose of payment (See instructions regarding type of information required.)

Field work.

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

3/5/2005

Payee name

Mr Matt Glazer

Payee address; City; State; Zip Code

800 Basse, Apt/Suite: 115
San Antonio, TX 78212Amount
(\$)**252.00**

Purpose of payment (See instructions regarding type of information required.)

Field coordinator.

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

3/5/2005

5 Payee name

Mr Brad Basing

7 Amount

(\$142.50)

6 Payee address; City; State; Zip Code1 Trinity Place, Apt/Suite: 676
San Antonio, TX 78212**8** Purpose of payment (See instructions regarding type of information required.)

Field work.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/5/2005

Payee name

Mr Chris Reynolds

Amount

(\$51.00)

Payee address; City; State; Zip Code

1 Trinity Place, Apt/Suite: 2491
San Antonio, TX 78212

Purpose of payment (See instructions regarding type of information required.)

Field work.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/5/2005

Payee name

Ms Brenda Nemeth

Amount

(\$114.50)

Payee address; City; State; Zip Code

7220 Marbach Road, Apt/Suite: 1004
San Antonio, TX 78227

Purpose of payment (See instructions regarding type of information required.)

Office support.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/6/2005

Payee name

HEB

Amount

(\$45.00)

Payee address; City; State; Zip Code

9255 Grissom Road
San Antonio, TX 78250

Purpose of payment (See instructions regarding type of information required.)

Office supplies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

3/6/2005

5 Payee name

Handy Andy

7 Amount

(\$10.81

6 Payee address; City; State; Zip Code7151 US Hwy 90 West
San Antonio, TX 78227**8** Purpose of payment (See instructions regarding type of information required.)

Office supplies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/7/2005

Payee name

US Postal Service

Amount

(\$111.00

Payee address; City; State; Zip Code

500 Huebner
San Antonio, TX 78238

Purpose of payment (See instructions regarding type of information required.)

Postage.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/7/2005

Payee name

Northside ISD Admin Ofc

Amount

(\$30.00

Payee address; City; State; Zip Code

5900 Evers
San Antonio, TX 78238

Purpose of payment (See instructions regarding type of information required.)

Directory.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/9/2005

Payee name

City Public Service

Amount

(\$100.00

Payee address; City; State; Zip Code

PO Box 2678
San Antonio, TX 78289

Purpose of payment (See instructions regarding type of information required.)

Utilities.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date 3/11/2005	5 Payee name Kinkos 6 Payee address; City; State; Zip Code 3740 N. W. Loop 410 San Antonio, TX 78229	7 Amount (\$) 50.00
--------------------------------	--	--------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Printing	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 3/11/2005	Payee name Ms Diana J Arevalo Payee address; City; State; Zip Code 242 Leming San Antonio, TX 78201	Amount (\$) 64.79
-----------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Block walk reimbursement	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 3/12/2005	Payee name HEB Payee address; City; State; Zip Code 9255 Grissom San Antonio, TX 78250	Amount (\$) 45.00
-----------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Campaign supplies.	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 3/12/2005	Payee name Office Max Payee address; City; State; Zip Code 5830 Bandera Road San Antonio, TX 78238	Amount (\$) 220.84
-----------------------	--	------------------------------

Purpose of payment (See instructions regarding type of information required.) Office supplies.	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

3/12/2005

5 Payee name

Ms Brenda Nemeth

6 Payee address; City; State; Zip Code7220 Marbach Road, Apt/Suite: 1004
San Antonio, TX 78227**7**

Amount

(\$205.50)

8 Purpose of payment (See instructions regarding type of information required.)

Office support.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/12/2005

Payee name

Mr Rene Gonzales

Payee address; City; State; Zip Code

527 Westmoreland
San Antonio, TX 78212

Amount

(\$244.00)

Purpose of payment (See instructions regarding type of information required.)

Field work.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/12/2005

Payee name

Mr Matt Glazer

Payee address; City; State; Zip Code

800 Basse Road, Apt/Suite: 115
San Antonio, TX 78212

Amount

(\$200.00)

Purpose of payment (See instructions regarding type of information required.)

Field coordinator.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/12/2005

Payee name

Home Depot

Payee address; City; State; Zip Code

611 S. W. Loop 410
San Antonio, TX 78435

Amount

(\$9.16)

Purpose of payment (See instructions regarding type of information required.)

Office supplies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

3/14/2005

5 Payee name

Ms Diana Arevalo

7 Amount

(\$15.74)

6 Payee address; City; State; Zip Code242 Leming
San Antonio, TX 78201**8** Purpose of payment (See instructions regarding type of information required.)

Reimbursement for office supplies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/16/2005

Payee name

New Reach Media

Amount

(\$352.47)

Payee address; City; State; Zip Code

PO Box 78278
San Antonio, TX 78278

Purpose of payment (See instructions regarding type of information required.)

Mail piece.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/16/2005

Payee name

Bobs Printing

Amount

(\$1500.00)

Payee address; City; State; Zip Code

1626 Fredericksburg Rd
San Antonio, TX 78201

Purpose of payment (See instructions regarding type of information required.)

Printing.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/16/2005

Payee name

SBC

Amount

(\$200.00)

Payee address; City; State; Zip Code

PO Box 650487
San Antonio, TX 78265

Purpose of payment (See instructions regarding type of information required.)

Telephone service.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

3/19/2005

5 Payee name

HEB

6 Payee address; City; State; Zip Code9255 Grissom
San Antonio, TX 78250**7** Amount

(\$116.36)

8 Purpose of payment (See instructions regarding type of information required.)

Campaign supplies.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/19/2005

Payee name

HEB

Payee address; City; State; Zip Code

9255 Grissom
San Antonio, TX 78250

Amount

(\$47.00)

Purpose of payment (See instructions regarding type of information required.)

Campaign supplies.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/19/2005

Payee name

Mr Rene Gonzales

Payee address; City; State; Zip Code

527 Westmoreland
San Antonio, TX 78213

Amount

(\$92.00)

Purpose of payment (See instructions regarding type of information required.)

Field work.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/19/2005

Payee name

Ms Brenda Nemeth

Payee address; City; State; Zip Code

7220 Marbach Road, Apt/Suite: 1004
San Antonio, TX 78227

Amount

(\$174.00)

Purpose of payment (See instructions regarding type of information required.)

Office support.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

3/19/2005

5 Payee name

Mr Charlie Mata

6 Payee address; City; State; Zip Code6107 Haven Valley
San Antonio, TX 78242**7** Amount(\$)**35.00****8** Purpose of payment (See instructions regarding type of information required.)

Field work.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/19/2005

Payee name

Mr Andrew Tristan

Payee address; City; State; Zip Code

6503 W. Commerce, Apt/Suite: 8
San Antonio, TX 78227

Amount

(\$)**31.50**

Purpose of payment (See instructions regarding type of information required.)

Field work.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/19/2005

Payee name

Ms Missy Mata

Payee address; City; State; Zip Code

6503 W. Commerce, Apt/Suite: 8
San Antonio, TX 78227

Amount

(\$)**31.50**

Purpose of payment (See instructions regarding type of information required.)

Field work.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/19/2005

Payee name

Mr Everardo Martinez

Payee address; City; State; Zip Code

6107 Haven Valley
San Antonio, TX 78242

Amount

(\$)**35.00**

Purpose of payment (See instructions regarding type of information required.)

Field work.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date 3/9/2005	5 Payee name Ms Rosa Mata 6 Payee address; City; State; Zip Code 6107 Haven Valley San Antonio, TX 78242	7 Amount (\$) 35.00
-------------------------------	--	--------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Field work.	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 3/19/2005	Payee name Mr Jason Mata Payee address; City; State; Zip Code 6107 Haven Valley San Antonio, TX 78242	Amount (\$) 50.00
-----------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Field work.	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 3/20/2005	Payee name Ms Ester Perez Payee address; City; State; Zip Code 2524 Morales San Antonio, TX 78207	Amount (\$) 28.00
-----------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Field work.	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3/20/2005	Payee name Mr Steven Garza Payee address; City; State; Zip Code 351 Fargo San Antonio, TX 78220	Amount (\$) 28.00
-----------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Field work.	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

3/20/2005

5 Payee name

Mr Charlie Mata

6 Payee address; City; State; Zip Code6107 Haven Valley
San Antonio, TX 78242**7** Amount

(\$28.00)

8 Purpose of payment (See instructions regarding type of information required.)

Field work.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/20/2005

Payee name

Mr Everardo Martinez

Payee address; City; State; Zip Code

6107 Haven Valley
San Antonio, TX 78242

Amount

(\$28.00)

Purpose of payment (See instructions regarding type of information required.)

Field work.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/20/2005

Payee name

Ms Rosa Mata

Payee address; City; State; Zip Code

6107 Haven Valley
San Antonio, TX 78242

Amount

(\$40.00)

Purpose of payment (See instructions regarding type of information required.)

Field work.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/20/2005

Payee name

Mr Matt Glazer

Payee address; City; State; Zip Code

800 Basse Road
San Antonio, TX 78212

Amount

(\$220.00)

Purpose of payment (See instructions regarding type of information required.)

Field coordinator.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

3/20/2005

5 Payee name

Mr Brad Busing

7 Amount

(\$98.00)

6 Payee address; City; State; Zip Code1 Trinity Place, Apt/Suite: 676
San Antonio, TX 78212**8** Purpose of payment (See instructions regarding type of information required.)

Field work.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/23/2005

Payee name

Gateway Plaza

Amount

(\$500.00)

Payee address; City; State; Zip Code

7151 US Hwy 90 West
San Antonio, TX 78227

Purpose of payment (See instructions regarding type of information required.)

Lease payment.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/23/2005

Payee name

Ms Joanne Naranjo

Amount

(\$32.00)

Payee address; City; State; Zip Code

9126 Ridge Mill
San Antonio, TX 78250

Purpose of payment (See instructions regarding type of information required.)

Field work.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/20/2005

Payee name

Ms Felicitas Espita

Amount

(\$28.00)

Payee address; City; State; Zip Code

250 Pendelton
San Antonio, TX 78204

Purpose of payment (See instructions regarding type of information required.)

Field work.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

3/23/2005

5 Payee name

Neighborhood News

7 Amount

(\$278.00)

6 Payee address; City; State; Zip Code3740 Colony Drive, Apt/Suite: 280
San Antonio, TX 78230**8** Purpose of payment (See instructions regarding type of information required.)

Advertising.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/26/2005

Payee name

Mr Matt Glazer

Amount

(\$195.00)

Payee address; City; State; Zip Code

800 Basse Road, Apt/Suite: 115
San Antonio, TX 78212

Purpose of payment (See instructions regarding type of information required.)

Field coordinator.

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

3/26/2005

Payee name

Ms Laura Ewen

Amount

(\$60.00)

Payee address; City; State; Zip Code

1 Trinity Place, Apt/Suite: 1128
San Antonio, TX 78212

Purpose of payment (See instructions regarding type of information required.)

Field work.

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

Date

3/26/2005

Payee name

Mr Brad Busing

Amount

(\$114.00)

Payee address; City; State; Zip Code

1 Trinity Place, Apt/Suite: 676
San Antonio, TX 78212

Purpose of payment (See instructions regarding type of information required.)

Field work.

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

3/26/2005

5 Payee name

Ms Brenda Nemeth

6 Payee address; City; State; Zip Code7220 Marbach Road, Apt/Suite: 115
San Antonio, TX 78227**7** Amount

(\$111.00)

8 Purpose of payment (See instructions regarding type of information required.)

Office support.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/26/2005

Payee name

Mr Andrew Tristan

Payee address; City; State; Zip Code

6503 W. Commerce
San Antonio, TX 78227

Amount

(\$77.00)

Purpose of payment (See instructions regarding type of information required.)

Field work.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/26/2005

Payee name

Ms Missy Mata

Payee address; City; State; Zip Code

6503 W. Commerce
San Antonio, TX 78227

Amount

(\$66.00)

Purpose of payment (See instructions regarding type of information required.)

Field work.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/26/2005

Payee name

Mr Charlie Mata

Payee address; City; State; Zip Code

6107 Haven Valley
San Antonio, TX 78242

Amount

(\$56.00)

Purpose of payment (See instructions regarding type of information required.)

Field work.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

3/26/2005

5 Payee name

Mr Everardo Martinez

6 Payee address; City; State; Zip Code6107 Haven Valley
San Antonio, TX 78242**7**Amount
(\$)**56.00****8** Purpose of payment (See instructions regarding type of information required.)

Field work.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/26/2005

Payee name

Ms Rosa Mata

Payee address; City; State; Zip Code

6107 Haven Valley
San Antonio, TX 78227Amount
(\$)**64.00**

Purpose of payment (See instructions regarding type of information required.)

Field work.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/26/2005

Payee name

Mr William Porter

Payee address; City; State; Zip Code

211 Cat Mountain
San Antonio, TX 78227Amount
(\$)**42.00**

Purpose of payment (See instructions regarding type of information required.)

Field work.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/26/2005

Payee name

Mr Rene Gonzales

Payee address; City; State; Zip Code

527 Westmoreland
San Antonio, TX 78213Amount
(\$)**96.00**

Purpose of payment (See instructions regarding type of information required.)

Field work.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

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2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date

3/26/2005

5 Payee name

Ms Diana Sorriano

7 Amount

(\$120.00)

6 Payee address; City; State; Zip Code322 Freeman Drive
San Antonio, TX 78228**8** Purpose of payment (See instructions regarding type of information required.)

Office support.

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/26/2005

Payee name

Mr Matt Glazer

Amount

(\$70.00)

Payee address; City; State; Zip Code

800 Basse Road, Apt/Suite: 115
San Antonio, TX 78212

Purpose of payment (See instructions regarding type of information required.)

Field Coordinator.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/26/2005

Payee name

Mr Henry Munoz

Amount

(\$250.00)

Payee address; City; State; Zip Code

700 GPM North Tower
San Antonio, TX 78216

Purpose of payment (See instructions regarding type of information required.)

Return of campaign contribution due to over limit.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1 of 7
2 FILER NAME Mr Raynaldo T Lopez		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/22/2005	5 Payee name Dennys Resturant 6 Payee address; City; State; Zip Code 9550 I.H. 10 West San Antonio, TX 78230 7 Purpose of expenditure (See instructions regarding type of information required.) Meeting with campaign supporter.	8 Amount (\$7.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/9/2005	Payee name Ampco Parking Payee address; City; State; Zip Code 100 Houston Street San Antonio, TX 78205 Purpose of expenditure (See instructions regarding type of information required.) Parking	Amount (\$8.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/22/2005	Payee name Barn Door Resturant Payee address; City; State; Zip Code 10619 Westover Hills San Antonio, TX 78251 Purpose of expenditure (See instructions regarding type of information required.) Meeting	Amount (\$63.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/10/2005	Payee name Frost Bank Parking Garage Payee address; City; State; Zip Code 500 Houston Street San Antonio, TX 78201 Purpose of expenditure (See instructions regarding type of information required.) Parking	Amount (\$4.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/22/2005	Payee name ACE Parking Payee address; City; State; Zip Code 100 Commerce San Antonio, TX 78201 Purpose of expenditure (See instructions regarding type of information required.) Parking	Amount (\$8.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2 of 7
2 FILER NAME Mr Raynaldo T Lopez		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/25/2005	5 Payee name Allright Parking 6 Payee address; City; State; Zip Code 200 S. Flores San Antonio, TX 78201 7 Purpose of expenditure (See instructions regarding type of information required.) Parking	8 Amount (\$8.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/23/2005	Payee name San Anonio O Store Payee address; City; State; Zip Code 7400 San Pedro San Antonio, TX 78216 Purpose of expenditure (See instructions regarding type of information required.) Office Supplies	Amount (\$25.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/2/2005	Payee name Allright Parking Payee address; City; State; Zip Code 200 S. Flores San Antonio, TX 78201 Purpose of expenditure (See instructions regarding type of information required.) Parking	Amount (\$8.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/28/2005	Payee name Frost Bank Parking Garage Payee address; City; State; Zip Code 500 Houston Street San Antonio, TX 78201 Purpose of expenditure (See instructions regarding type of information required.) Parking	Amount (\$2.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/12/2005	Payee name Long John Silvers Resturant Payee address; City; State; Zip Code 5396 Military Dr. San Antonio, TX 78251 Purpose of expenditure (See instructions regarding type of information required.) Meals for campaigning staff.	Amount (\$25.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 3 of 7
2 FILER NAME Mr Raynaldo T Lopez		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/23/2005	5 Payee name Barn Door Restaurant 6 Payee address; City; State; Zip Code 8400 N. New Braunfels San Antonio, TX 78209 7 Purpose of expenditure (See instructions regarding type of information required.) Meals for Fundraiser.	8 Amount (\$381.15 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/17/2005	Payee name Frost Bank Parking Garage Payee address; City; State; Zip Code 500 Houston San Antonio, TX 78201 Purpose of expenditure (See instructions regarding type of information required.) Parking	Amount (\$2.70 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/12/2005	Payee name Dollar General Store Payee address; City; State; Zip Code 7171 W. US Highway 90 San Antonio, TX 78227 Purpose of expenditure (See instructions regarding type of information required.) Office supplies.	Amount (\$1.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/2/2005	Payee name Allied Advertising Payee address; City; State; Zip Code 3700 Blanco Road San Antonio, TX 78212 Purpose of expenditure (See instructions regarding type of information required.) Campaign signs.	Amount (\$1209.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/19/2005	Payee name Mi Tierra Cafe Payee address; City; State; Zip Code 218 Produce Row San Antonio, TX 78207 Purpose of expenditure (See instructions regarding type of information required.) Pastries for meeting.	Amount (\$11.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 4 of 7
2 FILER NAME Mr Raynaldo T Lopez		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/14/2005	5 Payee name Military Collectibles 6 Payee address; City; State; Zip Code 7121 US Hwy 90 West San Antonio, TX 78227 7 Purpose of expenditure (See instructions regarding type of information required.) Key for office.	8 Amount (\$1.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/11/2005	Payee name Handy Andy Payee address; City; State; Zip Code 7121 US Hwy 90 West San Antonio, TX 78227 Purpose of expenditure (See instructions regarding type of information required.) Office supplies.	Amount (\$1.30 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/11/2005	Payee name Handy Andy Payee address; City; State; Zip Code 7121 US Hwy 90 West San Antonio, TX 78227 Purpose of expenditure (See instructions regarding type of information required.) Office Supplies.	Amount (\$3.37 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/11/2005	Payee name Long John Silvers Payee address; City; State; Zip Code 5178 Military Dr. San Antonio, TN 78227 Purpose of expenditure (See instructions regarding type of information required.) Meals for campaign.	Amount (\$14.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/11/2005	Payee name Home Depot Payee address; City; State; Zip Code 611 SW Loop 410 San Antonio, TX 78227 Purpose of expenditure (See instructions regarding type of information required.) Sign construction supplies.	Amount (\$20.02 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 5 of 7
2 FILER NAME Mr Raynaldo T Lopez		3 ACCOUNT # (Ethics Commission filers)

4 Date 2/7/2005	5 Payee name La Fonda Resturant 6 Payee address; City; State; Zip Code 350 North Haven San Antonio, TX 78229 7 Purpose of expenditure (See instructions regarding type of information required.) Lunch with campaign supporters.	8 Amount (\$) 24.28 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/23/2005	Payee name Chaparitas Mex Resturant Payee address; City; State; Zip Code 8800 Tezel Rd. San Antonio, TX 78250 Purpose of expenditure (See instructions regarding type of information required.) Lunch with campaign supporters.	Amount (\$) 19.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/28/2005	Payee name Sams Club Payee address; City; State; Zip Code 99000 Loop 410 San Antonio, TX 78237 Purpose of expenditure (See instructions regarding type of information required.) Supplies for Campaign HQ.	Amount (\$) 176.77 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/28/2005	Payee name Chaparitas Mex Resturant Payee address; City; State; Zip Code 8800 Tezel Rd. San Antonio, TX 78250 Purpose of expenditure (See instructions regarding type of information required.) Lunch with campaign supporters.	Amount (\$) 14.46 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/25/2005	Payee name Jims Resturant Payee address; City; State; Zip Code 11006 I.H. 10 West San Antonio, TX 78230 Purpose of expenditure (See instructions regarding type of information required.) Lunch with campaign supporters.	Amount (\$) 15.09 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 6 of 7
2 FILER NAME Mr Raynaldo T Lopez		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/26/2005	5 Payee name Fuddruckers Resturant 6 Payee address; City; State; Zip Code 10300 Loop 410 West San Antonio, TX 78227 7 Purpose of expenditure (See instructions regarding type of information required.) Lunch with campaign supporters.	8 Amount (\$18.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/18/2005	Payee name Frost Bank Garage Payee address; City; State; Zip Code 100 Houston San Antonio, TX 78201 Purpose of expenditure (See instructions regarding type of information required.) Parking.	Amount (\$1.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/14/2005	Payee name Sea Island Resturant Payee address; City; State; Zip Code 4323 Americsuites Drive San Antonio, TX 78229 Purpose of expenditure (See instructions regarding type of information required.) Lunch with campaign supporters.	Amount (\$21.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/22/2005	Payee name HEB Payee address; City; State; Zip Code 9255 Grissom San Antonio, TX 78250 Purpose of expenditure (See instructions regarding type of information required.) Campaign office supplies and refreshments.	Amount (\$47.68 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/21/2005	Payee name Acadiana Cafe Payee address; City; State; Zip Code 1289 S. W. Loop 410 San Antonio, TX 78227 Purpose of expenditure (See instructions regarding type of information required.) Lunch with campaign supporters.	Amount (\$10.67 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 7 of 7
2 FILER NAME Mr Raynaldo T Lopez		3 ACCOUNT # (Ethics Commission filers)
4 Date 1/21/2005	5 Payee name Dollar Tree Stores 6 Payee address; City; State; Zip Code 7151 US Hwy 90 West San Antonio, TX 78227 7 Purpose of expenditure (See instructions regarding type of information required.) Office supplies.	8 Amount (\$3.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/18/2005	Payee name Saltgrass Steak House Payee address; City; State; Zip Code 11745 IH 10 West San Antonio, TX 78230 Purpose of expenditure (See instructions regarding type of information required.) Lunch with campaign supporters.	Amount (\$41.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/22/2005	Payee name Taqueria De Jalisco Payee address; City; State; Zip Code 8388 Marbach San Antonio, TX 78227 Purpose of expenditure (See instructions regarding type of information required.) Lunch with campaign supporters.	Amount (\$23.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 1/27/2005	Payee name Chilis Resturant Payee address; City; State; Zip Code 12001 Loop 410 West San Antonio, TX 78227 Purpose of expenditure (See instructions regarding type of information required.) Lunch with campaign supporters.	Amount (\$38.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/1/2005	Payee name Election Management Systems Payee address; City; State; Zip Code PO Box 782448 San Antonio, TX 78278 Purpose of expenditure (See instructions regarding type of information required.) Three month subscription to Election Database System.	Amount (\$450.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H: 1 of 1	
2 FILER NAME Mr Raynaldo T Lopez		3 ACCOUNT # (Ethics Commission filers)	

4 Date	5 Business name	7 Amount (\$)
 6 Business address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Business name	Amount (\$)
 Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date	Business name	Amount (\$)
 Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date	Business name	Amount (\$)
 Business address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: <div style="text-align: center;">1 of 1</div>
2 FILER NAME Mr Raynaldo T Lopez		3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)

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CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Raynaldo T Lopez

4 Date	5 Payor name	8 Amount (\$)
 6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

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**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ******1 C/OH NAME**

Mr Raynaldo T Lopez

2 ACCOUNT # (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****** Complete A & B below *only* if you are not an officeholder. ******A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER****** Complete this section *only* if you are an officeholder ****☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder